

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | H.A. | 42 | 04/19/01 |
| O.I.P.E. CLASSIFIER | | 857 | 5/9/01 |
| FORMALITY REVIEW | L.S. | 943 | 6/21/01 |
| RESPONSE FORMALITY REVIEW | A.S. | | 10-16-1 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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